STATISTICAL BULLETIN

METROPOLITAN LIFE INSURANCE COMPANY

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The Longevity of Very Tall Men

EVERYBODY is interested in giants. Children read about them in fairy tales, with feelings of awe or admiration according to whether the giant is the ogre or the hero of the piece. In the circus the giant attracts the wonder of children and grownups alike; and the scientist studies him as an example of the vagaries of glandular functions, which has helped greatly to throw light on the process of body growth.

Giants are obviously not normal people. The great majority have glandular defects, of which excessive tallness is but one symptom. They are also, as a group, short-lived. This is brought out by a compilation made many years ago of the ages at death of a number of famous giants of the past.

These were:

	Height Feet	Height Inches	Age at Death (Years)
Peter Tuchan	8	7	29
Christopher Munster	8	6	45
O'Brien ("Byrne")	8	4	22
Patrick Cotter	8	4	45
Antonius of Syria	7	7	25
Bank Clerk of England	7	6	32
Robert Hale	7	6	43

One may be somewhat skeptical about the reputed height of some of these men. A careful check of the reported height of some living giants has been made and almost invariably it has been found to be much exaggerated. The reported longevity of the men listed in the table, however, may be accepted as correct. Their average age at death is only 34 years. When one takes into account that these men were probably in their teens before they became objects of attention, so that they had, at any rate, passed safely through infancy and childhood, their duration of life is very short indeed. Only two of the seven attained the age of 45 years.

What about those men who cannot be classed as giants, but are well above the average height? Interest in the longevity of these men led to a study by the Metropolitan Life Insurance Company of more than 20,000 tall men, 6 feet 2 inches in height or over, who were insured in the Ordinary Department of the Company. The tallest man in the study was 7 feet 1 inch. It was found that as a group these men had a practically normal mortality. The death rate was slightly in excess of the normal for younger men, but at ages past 40 it was as good

as, if not slightly better than that of shorter men.

The group of tall men was also analyzed in separate height classes from 6 feet 2 inches to 6 feet 4 inches by individual inches, and those 6 feet 5 inches and over combined. This combination was necessary because the material was too scanty for further subdivision at the tallest heights. It was found that men 6 feet 2 inches in height, who constituted the bulk of the experience, showed normal mortality for their age. This was likewise true for those 6 feet 3 inches in height. A somewhat higher, but not excessive, mortality was found among those who were 6 feet 4 inches in height or over.

Further study of the group, according to weight, showed that these men followed pretty much the normal pattern, namely, that the highest death rates, age considered, were found among the young underweights and among overweights generally, but more especially the older overweights.

The causes of death of these tall men likewise followed the usual pattern. The death rate from tuberculosis, which perhaps one might have expected to find high, was actually found to be low. Influenza and pneumonia, on the other hand, exhibited above-average mortality among the tall underweights, but not seriously so. The mortality from degenerative diseases was high only among the overweights, a condition which is also common in overweight men of lesser heights.

An interesting byproduct of this study was the finding that these tall men show *relatively* less variability in weight than do men of lesser heights. Moreover, whereas average weight usually tends to increase with height, it was found that for men taller than 6 feet 4 inches the average weights increased very little with height. In like manner, while average weights usually increase steadily with age up to age 50, among these very tall men, little, if any increase in weight was found after age 35, especially among the very tallest.

The natural conclusion from this study is that practically all these exceptionally tall men are physically normal persons. They merely represent the upper limit of height distribution. The cause of their extreme height was probably only in a few instances pathologic, and then only in the very tallest. These findings are of importance because there is definite evidence that the new generation of Americans will be taller than the last generation and, consequently, will contain a larger proportion of very tall persons. It is reassuring to know that the prospective longevity of this growing contingent in our population need cause us no concern.

Mortality Record of the First Six Months of 1937

DESPITE an unpromising start, 1937 is developing into one of the best health years in the history of the 17,500,000 persons who are Industrial policyholders of the Metropolitan Life Insurance Company. So favorable indeed have been the developments of the spring and early summer that there is now a fair prospect that the current year will surpass all previous records for low mortality.

At any rate, the cumulative death rate for the first half of 1937 (9.1 per 1,000) was only ½ of 1 percent in excess of that for the like period of 1936—and 1936 was the year that established the lowest mortality rate ever registered among these insured wage-earners and their dependents.

Several items in the record of the year, to date, show how remarkable has been the improvement since last January, when high mortality from influenza and pneumonia (accompanied by excessive death rates from the principal chronic diseases) brought the all-cause death rate up to a point 10.4 percent above the figure for the first month of last year. The February record was distinctly unfavorable also; but in March there came a turn for the better with the result that, by the end of the first quarter, the cumulative death rate was only 4.6 percent higher than for the like part of last year. April, again, showed no improvement, but both May and June followed with the lowest death rates ever recorded among the insured wage-earners and their families during these two months.

Examination of the record for the half year for the principal causes of death shows where the more noteworthy gains have been made.

Tuberculosis

At the end of January the tuberculosis death rate exceeded that for January 1936 by 8.8 percent; at the end of the first quarter the unfavorable margin had been reduced to 3.6 percent; at the close of the half year the cumulative tuberculosis death rate was actually 2.3 percent *lower* than for the like part of 1936. It is thus improbable that 1937 will break the long sequence of years during which the mortality from this disease has registered a continuous decline.

Cancer

The January death rate for cancer exceeded that of January 1936 by 15.8 percent; the excess by the end of March had been reduced to 5.7 percent and by the end of June it was only 3.2 percent.

Cerebral Hemorrhage, Heart Disease, Diabetes

Excessive increases in the rates for these diseases in January were followed also by distinctly improved records during the subsequent months, with the result that at the end of the half year the earlier unfavorable margins had been much reduced.

Pneumonia

One of the remarkable developments of the year, to date, has been the record for pneumonia mortality. During the influenza outbreak of last winter the death rate rose sharply; by the end of June the cumulative figure had actually dropped to a point slightly *below* that for the first six months of 1936.

Death Rates per 100,000 Persons Exposed. First Six Months of 1935, 1936, and 1937 Compared. By Color for Principal Causes of Death. All Ages. Metropolitan Life Insurance Company. Industrial Weekly Premium-Paying Business*

Causes of Death	Death Rates per 100,000 Persons Exposed*					
	White			Colored		
	Jan.-June 1937	Jan.-June 1936	Jan.-June 1935	Jan.-June 1937	Jan.-June 1936	Jan.-June 1935
Total—All Causes	832.0	821.6	829.7	1496.1	1531.6	1484.8
Typhoid fever	.5	.5	.5	1.5	1.4	1.0
Communicable diseases of childhood	8.6	8.5	13.4	6.9	3.4	7.9
Measles	1.4	1.5	4.2	1.3	.3	2.7
Scarlet fever	2.4	3.3	4.1	.6	.5	1.0
Whooping cough	3.1	1.6	3.0	3.6	1.3	3.4
Diphtheria	1.8	2.1	2.1	1.4	1.2	.7
Influenza and pneumonia	109.9	101.4	100.3	242.7	245.6	208.6
Influenza	26.0	17.9	19.5	66.6	58.5	48.5
Pneumonia (all forms)	83.9	83.5	80.9	176.1	187.1	160.1
Bronchopneumonia	33.3	32.1	32.4	50.0	45.6	48.9
Lobar and undefined	50.6	51.4	48.4	126.1	141.5	111.1
Tuberculosis (all forms)	42.2	43.7	45.8	156.3	155.4	165.6
Tuberculosis of respiratory system	38.0	38.7	41.4	140.4	137.0	148.1
Syphilis, locomotor ataxia, and general paralysis of the insane	7.0	7.2	7.3	48.1	51.1	46.0
Cancer (all forms)	93.5	90.6	94.7	97.6	94.3	104.1
Diabetes mellitus	27.3	26.8	26.6	29.1	29.3	27.0
Alcoholism	1.7	1.9	1.9	3.7	4.2	3.5
Cerebral hemorrhage; apoplexy	55.1	58.1	57.2	121.2	129.9	123.0
Diseases of heart†	160.5	159.2	159.8	282.6	277.2	272.2
Diseases of the coronary arteries	32.5	27.2	24.0	23.2	19.5	16.2
Angina pectoris	8.7	9.4	10.5	8.4	8.7	10.0
Diarrhea and enteritis	5.4	6.2	6.3	7.5	6.6	7.6
Appendicitis	11.2	10.6	11.1	10.7	11.8	16.3
Chronic nephritis (Bright's disease)	51.7	54.6	56.3	116.9	133.6	128.8
Puerperal state—total	6.3	7.2	8.5	12.3	13.7	15.3
Total external causes	60.4	60.5	63.2	95.0	93.4	94.7
Suicides	9.0	9.1	9.5	7.3	6.8	7.0
Homicides	2.3	2.0	2.8	26.0	24.2	27.8
Accidents—total	49.1	49.4	50.9	61.7	62.4	59.9
Automobile accidents	19.1	16.6	18.1	19.7	17.5	19.3
All other diseases and conditions	149.5	148.1	142.2	232.3	252.4	236.8

*The rates for 1937 are subject to slight correction, since they are based on provisional estimates of lives exposed to risk.

†Excludes pericarditis, acute endocarditis, acute myocarditis, and angina pectoris.

Puerperal Diseases

The most noteworthy item in the mortality record of the current year, however, is the low cumulative death rate of 7.0 per 100,000 for diseases associated with pregnancy and childbirth. The death rate for these diseases has been declining continuously over a long period of years, and the above figure represents a drop of more than 56 percent from that recorded 10 years ago. Part of this decline, it is true, has been due to the practically unbroken drop in the birth rate, whereby fewer women, year after year, have been exposed to the hazards of the puerperium. It is now assured, however, that the risks of childbirth are definitely declining in the United States. One evidence of this is the fact that the puerperal death rate has been dropping much faster than the birth rate; still more convincing proof is the drop that has been registered in the ratio of deaths from puerperal causes to live births. This ratio decreased continuously in the United States Birth Registration Area in the six-year period 1930 to 1935, and the drop amounted to nearly 14 percent in this short space of years. There is every sign of tangible progress in the national campaign which has taken form to bring about a reduction in the needless sacrifice of mothers in the United States.

Accidents and Automobile Fatalities

Despite an increase of 15 percent in automobile fatalities, deaths from all accidents combined have not been quite as numerous this year as last. With respect to motor vehicle accidents, however, the situation is distinctly worse than that of last year, when a new high record was made for automobile fatalities, which are estimated to have numbered 37,800 throughout the country. The 15 percent rise recorded among the Metropolitan Industrial policyholders conforms closely to an estimate published by the Bureau of the Census that automobile fatalities in 85 major cities had increased 17 percent during the first 26 weeks of 1937, as compared with the corresponding period of 1936.

The Chances of Becoming Mentally Ill

ONE out of every 19 children born during the three-year period from 1929 to 1931 will eventually become incapacitated to a degree requiring admission to an institution for the care of mental disease. This represents an increase of about 15 percent over the corresponding chances for a period 10 years earlier, namely, 1919 to 1921, when the ratio was 1 in 22. These are indications of the important role which mental disease plays in our economy.

The situation, however, is not as bad as the figures would seem to indicate, for the increase in the chances of becoming mentally ill has arisen principally from our improving longevity, and the consequent increase in the proportion of persons who

reach the higher ages, where mental breakdown is relatively more common. The favorable factor in this situation is that the rates of first admission* to an institution have decreased among females at practically every age, and among males at all ages under 40. Beyond 40, the rates for males have increased, perhaps as the effect of the stresses and strains in the economic ups and downs of the boom years up to 1929, and the depression immediately following. These findings are based on computations made in the Statistical Bureau of the Metropolitan Life Insurance Company from data for New York State during the period 1929 to 1931, taken in conjunction with a previous study by Pollock and Malzberg† relating to the period 1919 to 1921.

The upper panel of the table on page 7 shows that out of every 1,000 male children born in the years 1919 to 1921 about 47 would have eventually become hospitalized on account of mental disease if the conditions then observed in New York had continued to prevail; the corresponding figure for 1929 to 1931 was 55, an increase of 17 percent. For females, at birth, the chances of eventual hospitalization were 44 per 1,000 in 1919–1921, and 49 per 1,000 in 1929–1931, an increase of 11 percent. The table shows that the sex differentials in the increases become more marked with advancing age.

The lower panel of the table gives rates of first admission per 100,000 persons of the population. Comparison of these figures with those of the upper panel shows that, while the chances of eventually becoming mentally ill increased from the first calendar period to the second in New York State, the rates of first admission at most ages showed decreases. It is also seen in the table that while the chance of eventual admission to an institution is greater among males in Massachusetts than in New York, the rates of first admission at all ages except 75 are, on the contrary, greater in New York than in Massachusetts. This is another case in which the increase in the chances of eventual admission to an institution results from a more favorable longevity; for, the average length of life among Massachusetts males, in 1930, exceeded that for New York State males by 2⅓ years.

The question is often raised whether there has been an increase, recently, in the practice of hospitalizing those suffering from mental disease. Certainly there has been a larger number of beds available for such cases. But to answer this question definitely we should need to know not merely the rate of hospitalization at each age per unit of *total* population, but the corresponding rate per unit of *mentally ill* population outside of institutions. This figure, unfortunately, is entirely

*Throughout this article the discussion is based on first admissions which, for obvious reasons, are the best basis for reaching an understanding of the situation. However, the rates of first admission to hospitals must not be construed as rates of onset of mental disease, since there is usually a considerable lag between onset and hospitalization.

†H. M. Pollock and B. Malzberg, "Expectation of Mental Disease," *Psychiatric Quarterly*, October 1928.

Chances per 1,000 of Eventually Becoming a Patient in a Hospital for Mental Disease, by Sex and Age; Based on First Admission Rates in New York State, 1919-1921 and 1929-1931, and Massachusetts, 1929-1931

Age	Males			Females		
	New York State		Massachusetts	New York State		Massachusetts
	1919–1921*	1929–1931†	1929–1931‡	1919–1921 *	1929–1931†	1929–1931‡
	Chances per 1,000 of Eventual Admission to Hospital for Mental Disease					
0	47	55	57	44	49	53
5	54	60	62	50	53	57
10	54	61	63	51	54	57
15	55	61	63	51	54	57
20	53	59	61	50	53	56
25	50	56	59	49	51	54
30	47	53	56	46	48	52
35	44	50	52	44	45	49
40	40	46	49	41	42	46
45	37	42	46	38	39	43
50	34	39	43	34	35	40
55	31	36	40	31	33	37
60	28	34	38	29	31	34
65	26	32	37	26	29	33
70	23	31	36	24	28	32
75	20	27	34	22	26	30
	First Admission Rate per 100,000 of Population					
10	**	**	**	**	**	**
15	35	28	24	24	21	22
20	78	73	64	48	48	50
25	95	90	82	70	64	63
30	102	91	87	87	76	70
35	107	103	96	91	85	82
40	108	113	98	94	94	85
45	102	117	102	100	96	91
50	99	124	110	106	100	103
55	106	132	116	108	105	106
60	122	149	131	111	109	103
65	149	181	168	135	133	131
70	190	248	246	167	186	198
75	220	347	354	214	264	271

*As computed by H. M. Pollock and B. Malzberg, "Expectation of Mental Disease," *Psychiatric Quarterly*, October 1928.

†Computed in Statistical Bureau of the Metropolitan Life Insurance Company and based upon data presented by B. Malzberg, "A Statistical Study of Age in Relation to Mental Disease," *Mental Hygiene*, July 1935, page 467, and "Mortality Among Patients with Mental Disease," 1934, page 29.

‡Computed in Statistical Bureau of the Metropolitan Life Insurance Company from data in Massachusetts Annual Reports of Commissioner of Mental Diseases, 1929, 1930, 1931.

**Less than 0.5.

beyond the reach of the statistician. The numerical result in any case would depend entirely upon the line of demarkation drawn between a normal and a mentally ill person, which is, at best, exceedingly vague.

A study of the past trends, such as have here been indicated, is naturally made with an eye to the future. We do not know what may be the further trend in the incidence of mental disease. What we do know is that a more widespread educational program, the development of trained workers in laboratories and clinics, and intensive research in all phases of psychiatry and neurology will produce favorable results. It is only reasonable to hope that, just as we have seen great improvements in the mortality from a variety of physical conditions, we may also find it possible to diminish in the future the incidence of mental disease.

Longevity of Industrial Policyholders in 1936

With an expectation of life at birth of 60.31 years in 1936, the 17,500,000 Industrial policyholders of the Metropolitan Life Insurance Company continued their record of increasing longevity into the seventh consecutive year. In the last 25 years these insured wage-earners and their families have gained 13.68 years in average length of life, for in 1911–1912 the figure was only 46.63 years, as shown in Table I.

Although the expectation of life for 1936 is the best on record, the gain over the preceding year, which was less than one month, contrasts sharply with a gain of 19 months between 1929 and 1930. However, the annual gains in longevity since 1930 were, on the whole, appreciably greater than those experienced during the period from 1921 to 1929, generally recognized as an era of prosperity.

Table II shows the marked differences in mortality and longevity between white and colored Industrial policyholders. At age 5, the expectation of life among white males was 58.26 years, or more than 7⅓ years greater than for colored males. Among females, the corresponding difference was even greater, being practically 8⅓ years. Although the differences continue in the same direction throughout all the important ages, they naturally become smaller with advancing age.

The advantage in expectation of life for females over that for males is greater among white policyholders than among the colored. At age 5 the difference is 4.09 years among the former and 3.17 years among the latter. The corresponding figures for age 50 are 2.87 and 2.13 years respectively.

The differences in mortality rates between white and colored Industrial policyholders are even more striking than those in expectation of life. At every age the colored experience appreciably higher rates than the whites; at ages 15 to 45, their death rates are at least twice as high. Such differentials in mortality assume par-

ticular importance, for they occur during the most productive period of the wage-earning male and the child-bearing period of the female.

The picture presented by the record of increasing longevity as shown in Table I, reflects an accomplishment that is derived principally from improving personal hygiene and the trend to higher standards of public health practice during these years. Although the colored population has benefited from these changes in environment along with the white population, their disadvantage in mortality is considerable and presents great opportunity for future improvement.

TABLE I

Expectation of Life at Birth

Metropolitan Life Insurance Company, Industrial Department, 1911 to 1936

Calendar Year	Expectation in Years	Calendar Year	Expectation in Years	Calendar Year	Expectation in Years
1936	60.31	1930	57.36	1924	55.62
1935	60.25	1929	55.78	1923	54.55
1934	59.45	1928	55.88	1922	55.04
1933	59.19	1927	56.42	1921	55.08
1932	58.80	1926	55.02	1919–1920	51.14
1931	57.90	1925	55.51	1911–1912	46.63

Gain: 1936 since 1911-1912, 13.68 years

TABLE II

Expectation of Life and Mortality Rate per 1,000
At Specified Ages, by Color and Sex
Metropolitan Life Insurance Company, Industrial Department, 1936

Age	Expectation of Life					Mortality Rate per 1,000				
	Total Persons	White Males	White Females	Colored Males	Colored Females	Total Persons	White Males	White Females	Colored Males	Colored Females
5	59.65	58.26	62.35	50.88	54.05	1.77	1.92	1.52	2.64	2.27
10	55.07	53.70	57.72	46.38	49.44	1.06	1.17	.87	1.61	1.27
15	50.38	49.02	52.98	41.87	44.93	1.53	1.53	1.14	3.59	3.78
20	45.83	44.45	48.34	37.79	40.97	2.42	2.24	1.89	5.98	6.09
25	41.43	39.97	43.84	34.00	37.24	3.23	2.80	2.54	7.84	6.90
30	37.13	35.56	39.41	30.39	33.49	4.09	3.78	3.06	9.81	7.30
35	32.91	31.29	35.02	26.90	29.72	5.14	5.23	3.67	11.53	8.77
40	28.79	27.15	30.69	23.48	26.10	6.74	7.21	4.82	14.48	11.76
45	24.82	23.22	26.48	20.27	22.70	9.36	10.81	6.80	19.19	14.99
50	21.05	19.57	22.44	17.30	19.43	12.93	15.49	9.72	25.15	18.46
55	17.50	16.20	18.62	14.54	16.27	18.72	23.21	14.65	32.11	24.49
60	14.26	13.22	15.11	11.97	13.39	27.86	33.83	23.05	43.79	35.57
65	11.37	10.57	12.00	9.70	10.99	41.20	47.82	36.05	58.58	53.28
70	8.88	8.26	9.35	7.72	9.12	62.24	70.72	56.66	85.45	70.85
75	6.83	6.39	7.18	6.35	7.45	91.04	103.47	84.02	118.52	89.87

Health Record for June 1937

THE June 1937 death rate of 7.8 per 1,000 was the lowest June figure ever recorded among the Metropolitan Industrial policyholders. The closest approach to it was the rate of 7.9, registered in June 1934; and these are the only two instances on record in which the June death rate has dropped below eight per 1,000.

Reports concerning the prevalence of sickness throughout the country from the principal communicable diseases during June were favorable. Cases of diphtheria, influenza, and scarlet fever were not only fewer than reported during May, but there was less sickness from these diseases than in June a year ago. The incidence of measles and smallpox was also appreciably below that of May although somewhat higher than in June 1936. Poliomyelitis was the only important communicable disease which showed higher incidence in June 1937 than in either the preceding month of May or in June a year ago. The area of the country in which the more noteworthy increases are apparent comprises chiefly the South Central States, and more particularly Mississippi, where the cases increased from 15 in May to 51 in June.

Items of special public health interest recently reported are as follows: A BUREAU OF NARCOTIC CONTROL was recently established in the New York State Department of Health. The DIVISION OF PUBLIC HEALTH METHODS of the United States Public Health Service plans to continue during the coming year studies of the health education activities of health departments. It is hoped that as a result of these studies more effective methods of carrying on health education may be developed. A new law which went into effect July 1st, in Illinois, requires all applicants for marriage licenses to show certificates attesting to their freedom from venereal disease. Similar laws are also in effect in Connecticut, Montana, and Oregon. Alabama, Louisiana, North Dakota, and Wyoming demand such certificates from men alone.

The following table shows the mortality among Industrial policyholders for June 1937, May 1937, and June 1936, together with the cumulative rates for the first six months of each year.

METROPOLITAN LIFE INSURANCE COMPANY

Death Rates per 100,000 for Principal Causes. Weekly Premium-Paying Business in Industrial Department. All Ages (Annual Basis)*

MONTHS OF JUNE 1937, MAY 1937, AND JUNE 1936.

CAUSES OF DEATH	ANNUAL RATE PER 100,000 LIVES EXPOSED*				
	June 1937	May 1937	June 1936	Cumulative January-June 1937	Cumulative January-June 1936
TOTAL—ALL CAUSES	782.4	822.4	804.1	907.2	902.3
Typhoid fever	1.0	.4	1.0	.6	.6
Measles	1.9	2.0	.8	1.4	1.4
Scarlet fever	1.5	1.4	2.3	2.2	3.0
Whooping cough	3.7	3.2	1.5	3.1	1.6
Diphtheria	.8	1.9	1.9	1.8	2.0
Influenza	6.4	11.3	9.6	30.6	22.5
Tuberculosis (all forms)	52.1	50.9	57.2	55.1	56.4
Tuberculosis of respiratory system	45.9	45.0	50.7	49.6	49.9
Syphilis, locomotor ataxia, and general paralysis of the insane	10.9	11.5	10.8	11.6	12.2
Cancer (all forms)	87.8	89.5	86.9	93.9	91.0
Diabetes mellitus	22.7	24.7	24.9	27.5	27.1
Cerebral hemorrhage; apoplexy	55.5	57.2	55.9	62.5	66.3
Diseases of the heart†	149.4	160.5	147.6	174.3	172.6
Diseases of the coronary arteries	27.3	31.6	23.1	31.5	26.3
Angina pectoris	6.4	8.6	8.4	8.7	9.3
Pneumonia (all forms)	46.6	61.8	56.8	94.4	95.3
Diarrhea and enteritis	6.9	4.6	6.9	5.6	6.2
Appendicitis	10.6	11.8	11.9	11.1	10.7
Chronic nephritis (Bright's disease)	53.5	53.8	55.6	59.1	63.6
Puerperal state—total	6.4	6.5	7.4	7.0	7.9
Suicides	8.9	8.3	8.4	8.8	8.8
Homicides	4.9	4.6	4.6	5.0	4.6
Accidents—total	55.8	45.2	57.7	50.5	50.9
Automobile accidents	19.8	16.6	21.0	19.2	16.7
All other diseases and conditions	161.4	171.0	163.1	160.8	162.1

*The rates for 1937 are subject to slight correction, since they are based on provisional estimates of lives exposed to risk.

†Excludes pericarditis, acute endocarditis, acute myocarditis, and angina pectoris.

Correspondence on the subjects discussed in these BULLETINS may be addressed to: The Editor,

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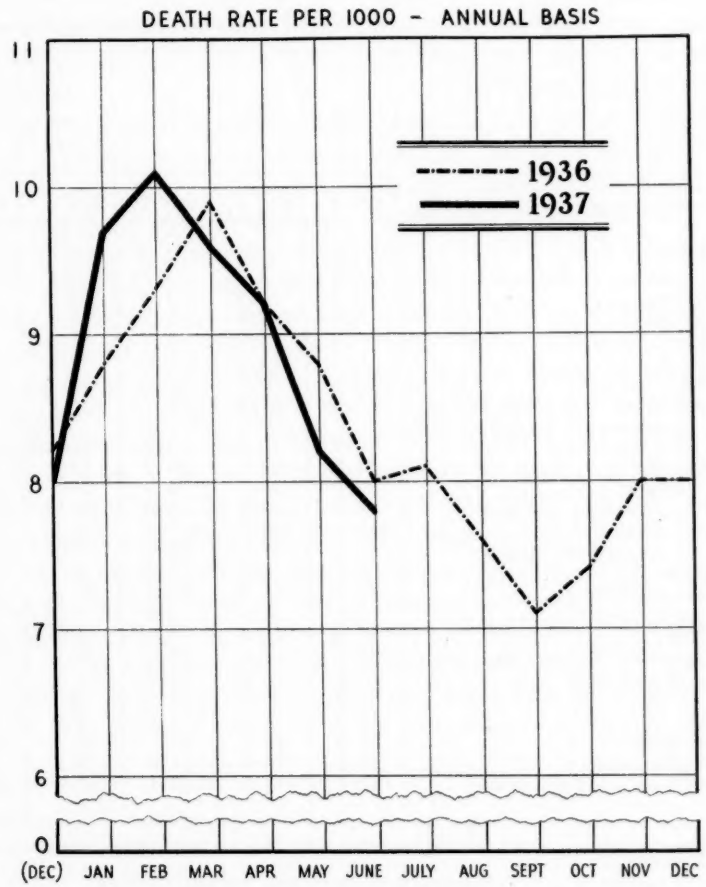
DEATH RATES FROM ALL CAUSES

METROPOLITAN LIFE INSURANCE CO. – INDUSTRIAL DEP'T.
WEEKLY PREMIUM-PAYING BUSINESS – TOTAL PERSONS



Rates are provisional for 1937

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